

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

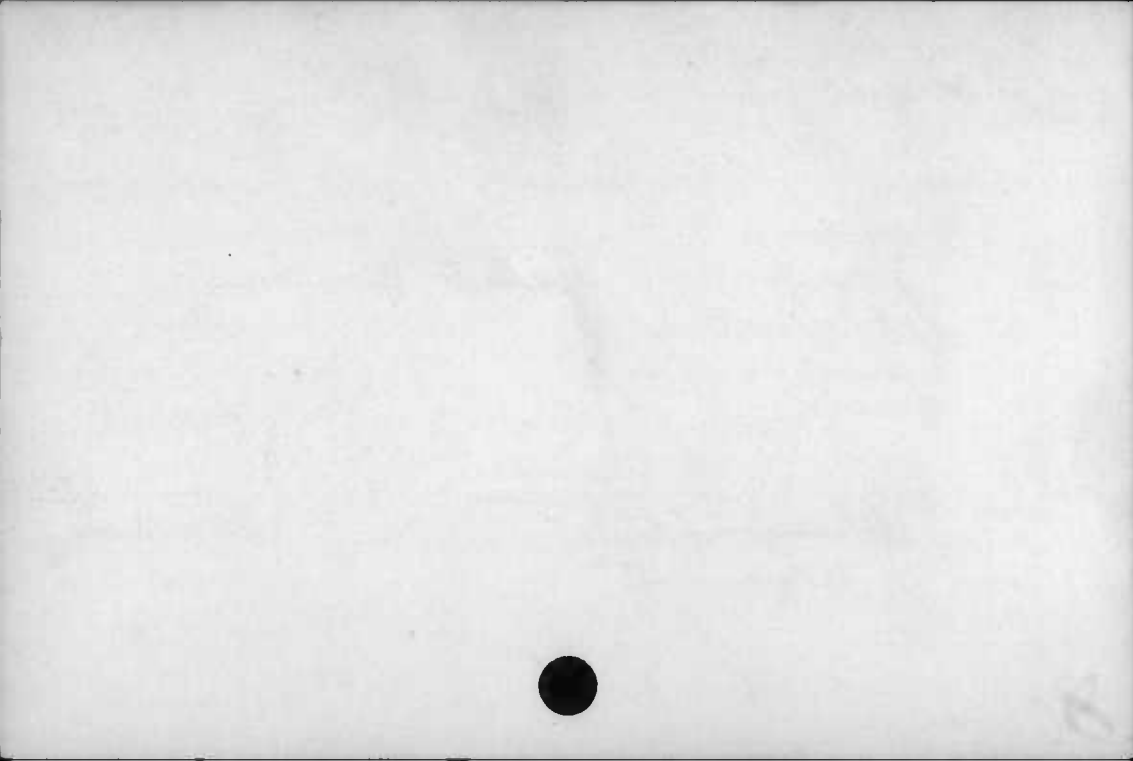
Died at <i>Indian Head</i> Town		<i>Ches</i> County			
Date of death	1908	Month	Nov.	Day	3
		Age		Years	30
				Months	X X
				Days	X
Sex	<i>female</i>		Color or Race	<i>coll.</i>	
Occupation	<i>Housewife</i>		Birth-place	<i>Ches Co</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>Mrs. J. H. Adams</i>	
Father's Name	<i>Cutler Mason</i>		Father's Birthplace	<i>Ches Co</i>	
Mother's Maiden Name	<i>Fes. Swan</i>		Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Mrs. J. H. Adams</i>		How related to deceased	<i>Husband</i>	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Five years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Mitchell M.D.</i>	
		Address <i>Pomory, Ind.</i>	
Accident or Suicide?			



Name  
in  
Full

Mary Cooper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

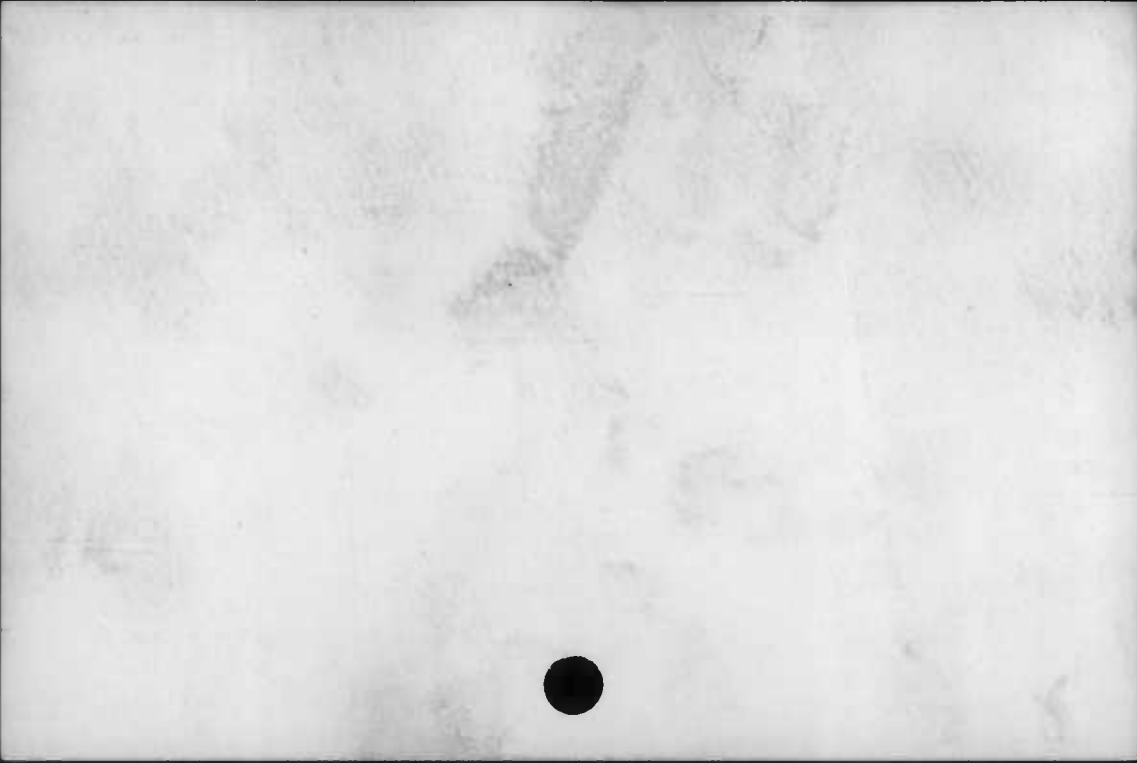
Died at <i>Porter</i> <sup>Town</sup>		<i>Charles</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>Nov</i> <sup>Month</sup>	<i>22</i> <sup>Day</sup>	Age <i>52</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Puna Lo Kona</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>at home</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Richard Cooper</i>				
Father's Name <i>Robt-Pinkney</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Adeline Gofney</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Richard Cooper</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Cholera morbus</i>	How long <i>Three days</i>
Immediate <i>Exhaustion</i>	How long <i>Shortly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. O. Snover</i>
	Address <i>Waldorf</i>
Accident or Suicide? <i>No</i>	<i>Thos</i>



Name  
in  
Full

Mary Grayson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near La Plata</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death	1908	Month	Nov	Day	12 <sup>th</sup>	Age	41
Sex	female	Color or Race	colored	Birth-place	Charles Co	Months	Days
Occupation	housewife			Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband		Edward Grayson			
Father's Name	Alfred Hawkins			Father's Birthplace Charles Co			
Mother's Maiden Name	Matilda Beames			Mother's Birthplace Charles Co			
Name of person giving information	Edward Grayson			How related to deceased husband			

## CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

Primary	Cancer of Uterus	How long	3 or 4 yrs
Immediate	General debility due to disease & Cardiac ex. Hemorrhage	How long	

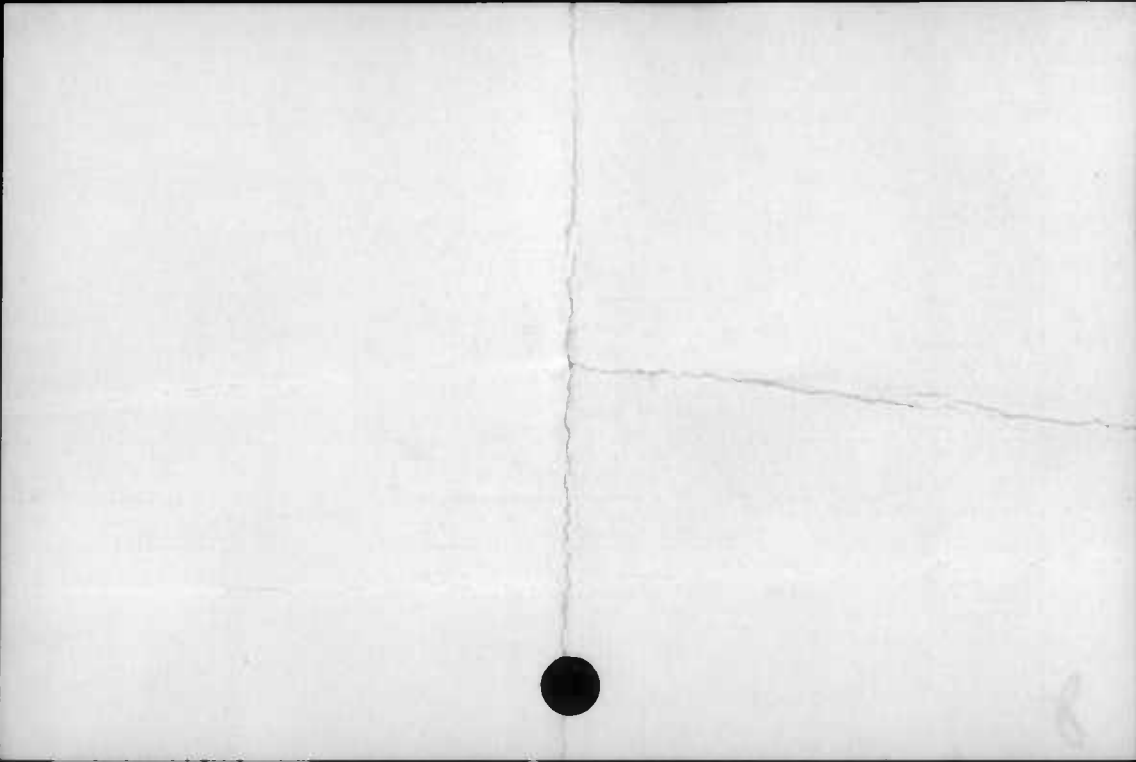
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*Thos. S. Owen M.D.*  
*La Plata*  
*md*

Accident or Suicide? *no*



Name  
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Full

Francis H. Higdon

## CERTIFICATE OF DEATH

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NEAREST FRIEND

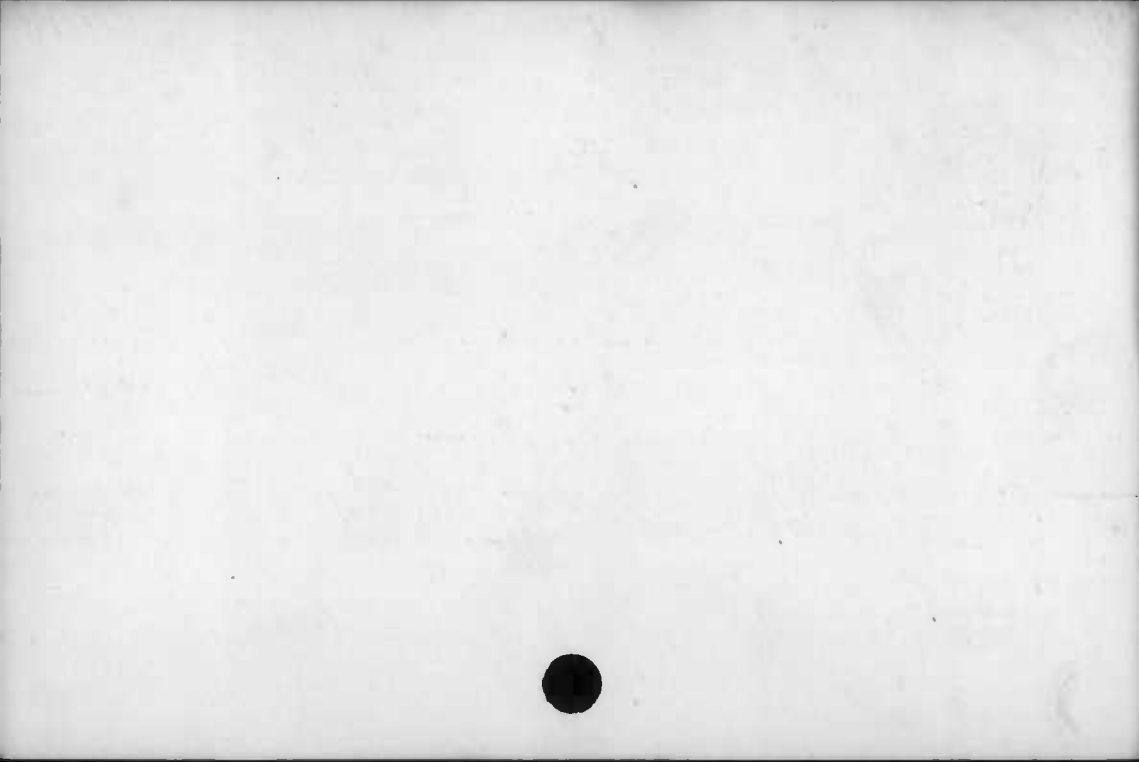
Died at <i>Marbury</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Nov</i>	Day	<i>19</i>
Age		Years		Months	Days
Sex		Color or Race		Birthplace	
<i>Male</i>		<i>American</i>		<i>Marbury, Md.</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<i>Alonzo H. Higdon</i>			<i>Charles Co. Md.</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Ada R. Hendrick</i>			<i>" "</i>		
Name of person giving information			How related to deceased		
<i>A. H. Higdon</i>			<i>Father</i>		

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary	<i>Morbus Cordis</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. C. Bicknell</i>	
		Address	
		<i>Prigah, Md.</i>	
Accident or Suicide?			





Name  
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CERTIFICATE OF DEATH

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NEAREST FRIEND

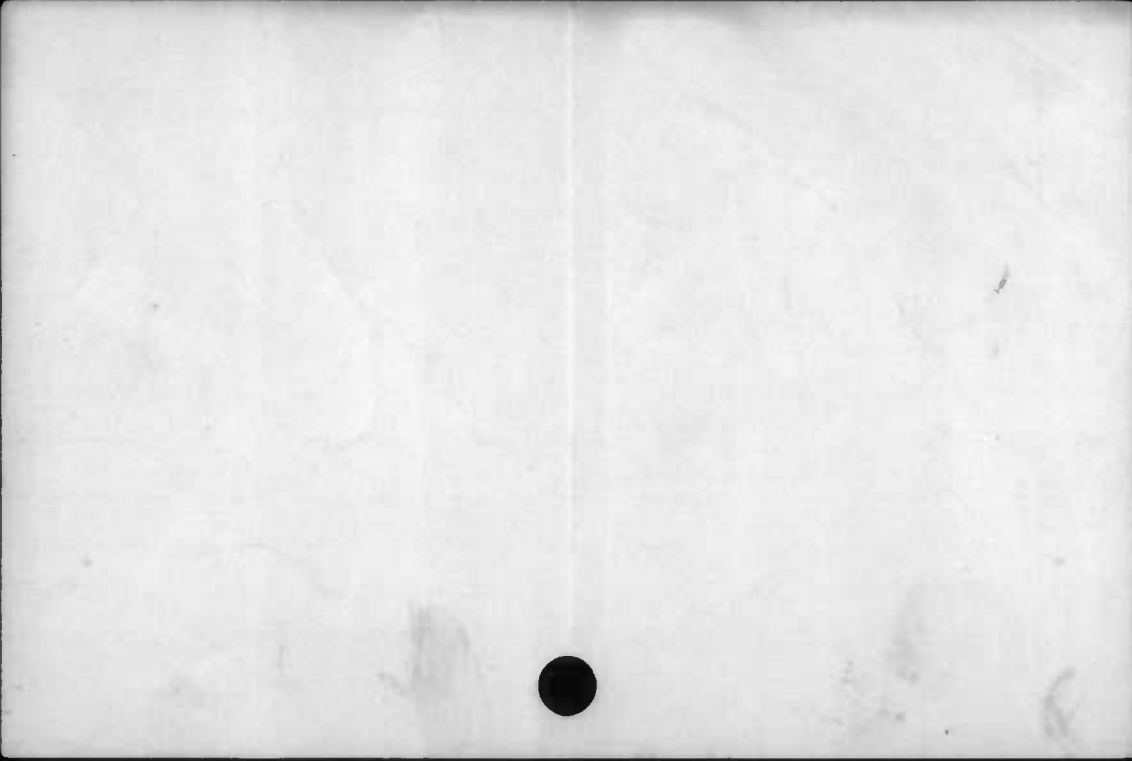
Died at <i>Bank of Hill</i>		Town <i>Hill</i>		County <i>Shad</i>		MARYLAND	
Date of death <i>1908 nov 17</i>		Month <i>17</i>		Day <i>74</i>		Age <i>74</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Columbia</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Bank of Hill</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Natto Hill</i>					
Father's Name <i>Joseph Hill</i>		Father's Birthplace <i>not given</i>					
Mother's Maiden Name <i>Lettie Thomas</i>		Mother's Birthplace <i>Mo.</i>					
Name of person giving information <i>Lamar H. Hill</i>		How related to deceased <i>brother</i>					

CAUSES OF DEATH

(154)

PHYSICIAN  
OR CORONER

Primary <i>Can't say had not sun him for 12 1/2 yrs.</i>		How long <i>all days I judge he was near 90+ not given</i>	
Immediate <i>all days I judge he was near 90+ not given</i>		How long <i>not given</i>	
Are the name, age, sex, color, date and place correctly given above? <i>I think not (age) - yes</i>		Signature of Physician <i>J. L. Higdon M.D.</i>	
		Address <i>Boyside Md.</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

*Harry Johnson*

Town

County

MARYLAND

Died at

*Waldorf*

*Chesapeake*

Date

of death *1906*

Month

*Nov*

Day

*2*

Age

Years

*54*

Months

Days

Sex

*Male*

Color or  
Race

*Colored*

Birth-  
place

*Duf*

Occupation

*Laborer*

Where Residing if not  
at place of death

*at home*

Married, Single  
or Widowed

*Widow*

Name of Wife or  
Husband

*Mattie Marshall*

Father's  
Name

*Ben Johnson*

Father's  
Birthplace

*Duf*

Mother's  
Maiden Name

*Sue Johnson*

Mother's  
Birthplace

*Duf*

Name of person giving  
information

*J. Brown*

How related  
to deceased

*son*

CAUSES OF DEATH

*64*

Primary

*Cerebral Hemorrhage*

How long

*Instant*

Immediate

*Paralysis*

How long

*Short*

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

*J. O. Morris*

Address

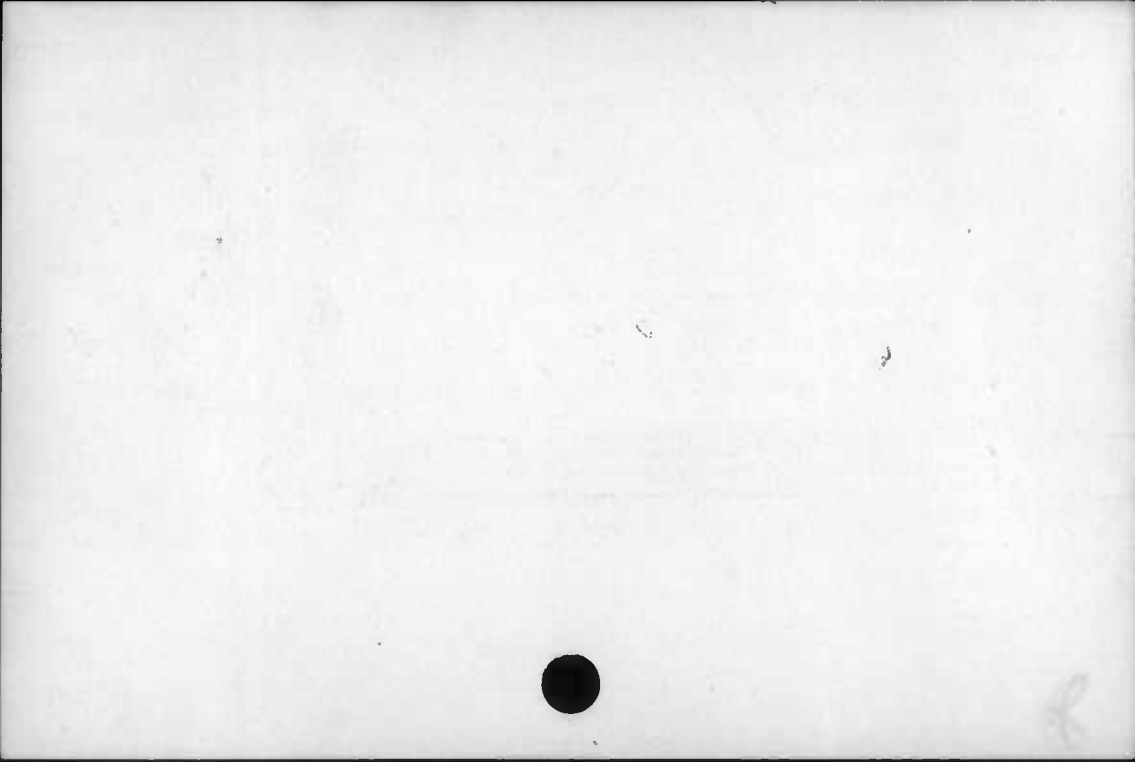
*Waldorf*

*Duf*

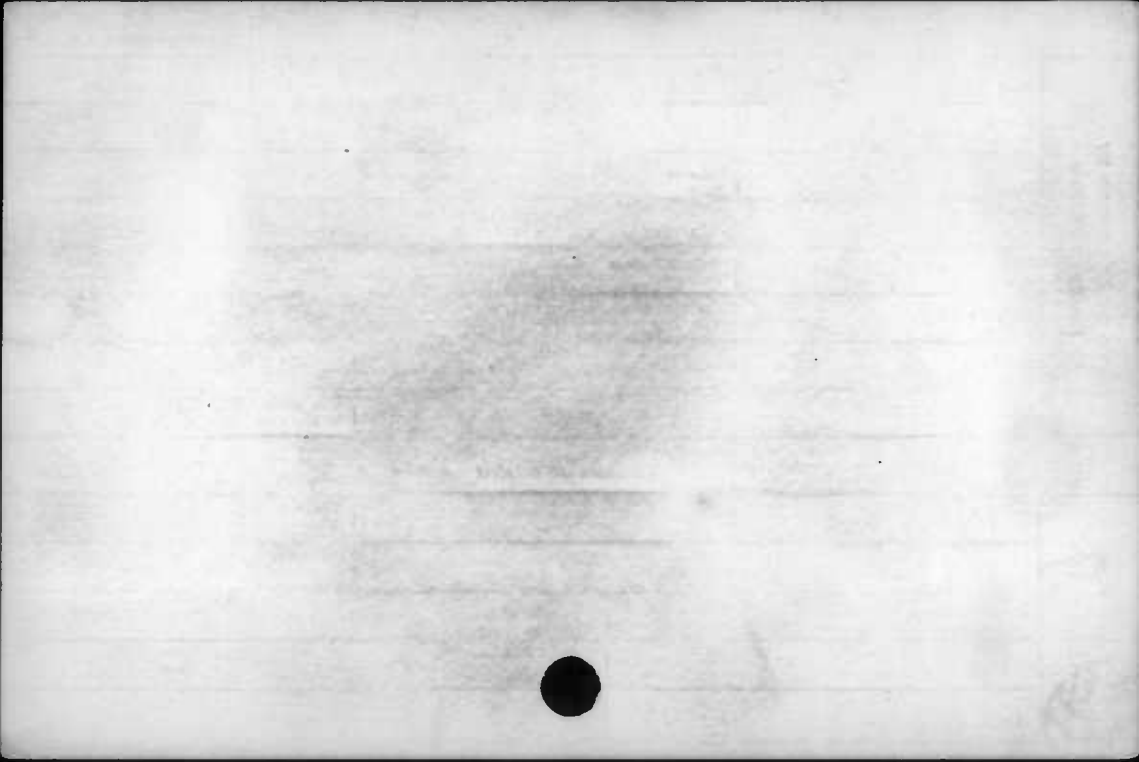
Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full		Marric Fox Lane				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Chickamun		County Charles		MARYLAND	
	Date of death		1908	Month 11	Day 27	Age 20		Months
	Sex Female		Color or Race Colored		Birth-place Md			
	Occupation None		Where Residing if not at place of death					
	Married, Single or Widowed Single		Name of Wife or Husband					
	Father's Name Jm A Fox Lane					Father's Birthplace Md		
	Mother's Maiden Name Not known					Mother's Birthplace Maryland		
	Name of person giving information Paul Swann					How related to deceased No relation		
CAUSES OF DEATH						34		
PHYSICIAN OR CORONER	Primary Pneumonia					How long 1 week		
	Immediate Septicemia & Heart Failure					How long 10 minutes		
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician Paul A. Swann M.D.		
	yes					Address La Platte Md		
	Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

Rosalie L. Reese

Town

County

Died at

Pomunkey

St. Charles

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908

Nov

21

Age

66

Sex

Female

Color or  
Race

Colored

Birth-  
place

Glynn, Ga.

Occupation

Housewife

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

John L. Reese

Father's  
Name

Walter M. Connelie

Father's  
Birthplace

Glynn, Ga.

Mother's  
Maiden Name

Ann Swann

Mother's  
Birthplace

" "

Name of person giving  
Information

John E. Reese

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Heart Disease

How long

Five years

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

J. W. Mitchell, M.D.

Address

Pomunkey, Md.

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

2





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town Bunkle Hill		County Howard	
Date of death		Month 8	Day 17	Years 16	Months Days
Sex	Color or Race	Color or Race		Birth- place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving In formation	How related to deceased				

CAUSES OF DEATH

①

PHYSICIAN  
OR CORONER

Primary	Entire Fevers	How long	Two weeks
Immediate	Cardiac failure	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Reeder Gough
Accident or Suicide?	No	Address	Newbury Md.



Name  
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## CERTIFICATE OF DEATH

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NEAREST FRIEND

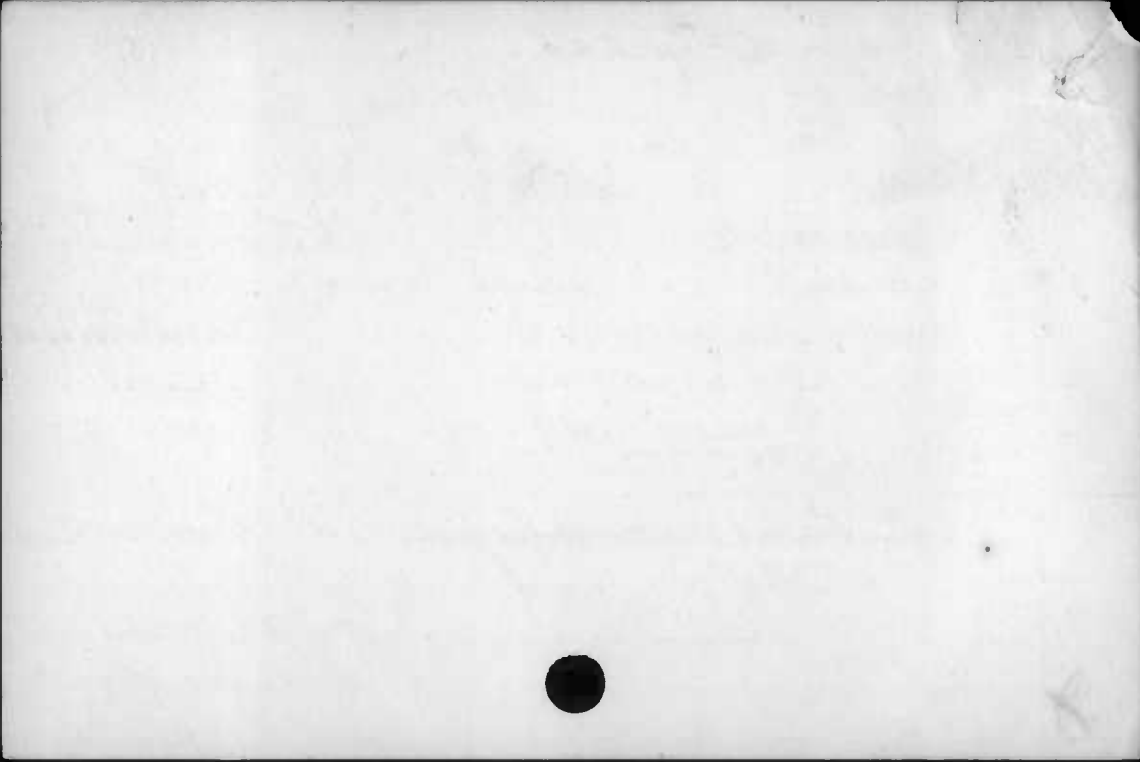
Died at <i>Perryway</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death <i>1908 Nov 10</i>		Month <i>Nov</i>		Day <i>10</i>		Age <i>52</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Durham N.C.</i>		Months <i>—</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>—</i>		Years <i>52</i>		Days <i>—</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John W. C. Swann</i>		Father's Birthplace <i>Chas Co. Tenn</i>		Mother's Birthplace <i>Chas Co. Tenn</i>	
Father's Name <i>Thomas Skinner</i>		Mother's Maiden Name <i>Ann Winters</i>		How related to deceased <i>Son</i>		Name of person giving information <i>Thomas Swann</i>	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Interstitial Nephritis</i>		How long <i>Seven years</i>	
Immediate <i>Heart Disease</i>		How long <i>1 year</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. W. Mitchell M.D.</i>	
Accident or Suicide? <i>no</i>		Address <i>Perryway Tenn.</i>	



Name  
in  
Full

Mrs Susan B. Welch

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Danvers</u> Town		<u>Chocoma</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Nov</u>	Day <u>12</u>	Age <u>61</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>Housework</u>		Where Residing if not at place of death <u>at home</u>			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Belle Welch</u>				
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Arthur Welch</u>			How related to deceased <u>Son</u>		

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary <u>Cerebral Hemorrhage</u>	How long <u>Three weeks</u>
Immediate <u>Stroke</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>G. J. Morris</u>
	Address <u>Walton</u>
Accident or Suicide? <u>No</u>	

